

**United States Department of the Interior  
National Park Service  
Edison National Historic Site**

## **Audio Recording Duplication Request Form**

**Name:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Reason for request of audio recording(s):** \_\_\_\_\_  
\_\_\_\_\_

**Publication plans (publisher, type of publication, date):** \_\_\_\_\_  
\_\_\_\_\_

**Describe any special technical needs:** \_\_\_\_\_  
\_\_\_\_\_

**Recording(s) requested:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_